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ABSTRACT

This document reports on the results of a 1988 survey of the status of Human Immunodeficiency Virus (HIV) education in a sample of 109 universities preparing rural teachers. Information is given on the availability of programs, program goals, placement and length of programs, and topics covered. An analysis of the results indicates that while there is a strong minority of rural teacher training institutions offering HIV education, most institutions in the sample did not offer HIV education programs, and where they do exist, the majority are very brief. (JD)

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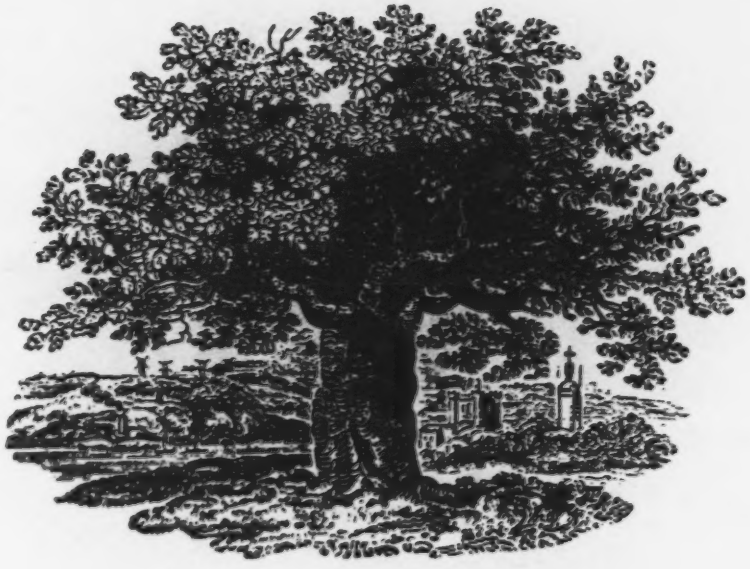
A SURVEY OF HIV EDUCATION PROGRAMS IN RURAL TEACHER TRAINING INSTITUTIONS



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Abstract

In 1988, questionnaires designed to survey the status of HIV education in a sample of universities preparing rural teachers were sent to 400 randomly selected universities. A total of 109 (27%) of these returned completed questionnaires. Of these 109 universities, 38% currently provide HIV/AIDS education as part of their teacher preparation programs. Only 9% report that this instruction is mandated by their state's government.

Respondents that have HIV/AIDS programs listed 21 categories of program goals. The most frequently listed goals are to increase students' knowledge of AIDS (22%), to provide HIV education (17%), and to provide HIV education preparation for teacher trainees (17%).

The most common placement of HIV education programs is at the junior level. The other undergraduate classifications had only slightly lower rates of program placement. However, only 22% of universities with HIV education programs offer instruction at the graduate level. Most programs are relatively brief. In fact, over half (60%) of reported programs are implemented in only one to two hours.

Abstinence, safer sex, homosexuality, condoms, and sexually transmissible diseases are included in instruction by 83-99% of universities with programs. In addition, 45% of all universities in this sample present units on alcohol and substance abuse, 38% include suicide prevention units, 34% include teen pregnancy, and 27% offer units on dropout prevention.

As rural schools are least likely to offer HIV education, it is of particular concern that only 17% of all rural teacher training institutions had a goal of providing HIV education at the preservice level. Clearly, efforts should be made to advance HIV education in rural teacher training institutions, particularly since two-thirds (67%) of all U.S. schools are rural.

A Survey of HIV Education Programs in Rural Teacher Training Institutions

Introduction

The Acquired Immunodeficiency Syndrome (AIDS) epidemic is spreading through the rural United States (Centers for Disease Control, April, 1989). Further, the Human Immunodeficiency Virus (HIV) appears to be infecting adolescents at an alarming rate (Paulk, 1989). Thus, it is essential that all appropriate measures be taken to help youth in rural communities learn to protect themselves from infection with this deadly virus. Public schools, as the institutions established to pass on the accumulated knowledge of our culture to its youth, are an essential component in this struggle to stop the spread of HIV among young people.

Because this virus is only transmitted sexually, parenterally (blood to blood) and perinatally (mother to infant), a very limited amount of intellectual information should suffice to equip youth with the knowledge necessary to protect themselves. However, teen sexuality is loaded with embarrassment, shame, urgency, insecurity, external and often conflicting pressures, and other complicating factors. Thus, knowledge alone is generally not of much help in real life dating and/or sexual situations. Further, while only about 1% of teens are believed to use drugs intravenously (English, 1987), a majority do use alcohol and/or other chemicals which can impair judgement (Rotheram-Borus and Koopman, 1989). Keller, et al. (1988) found that sexual activity and drug use were positively associated in a teen cohort, regardless of age.

For these and other reasons too numerous to list here, design and implementation of *effective* HIV education programs is a complex and difficult challenge for teachers. Thus, colleges and universities which train teachers to serve in rural schools bear a responsibility to adequately prepare new teachers to meet this challenge with competence and creativity. The purpose of this paper, then, is to report on the status of HIV education programs in a sample of rural teacher training institutions in the U.S.

Method

In 1988, the National Rural and Small Schools Consortium (NRSSC), under a grant from the Centers for Disease Control (CDC), sent survey questionnaires to 400 colleges and universities preparing teachers for rural areas. The purpose of this survey was to gather information on institutions which include HIV education as a component of their teacher preparation programs.

Respondents were asked to provide information regarding whether HIV education is included in their teacher preparation programs, and whether this education is mandated by the state in which the institution is located. These universities were also asked to indicate the classification level (freshman-graduate) at which the education program is presented, the length of the instruction, the topics covered, the goals and purposes of the program, the number of years the institution has presented HIV education, and information on other risk reduction programs offered in the teacher preparation program.

Of the universities receiving surveys, 109 (27%) returned completed questionnaires. Responses to subjective (yes/no or multiple choice) items were tallied and converted into percentages. Responses to the one objective item (requiring respondent-generated answers) were categorized, then tallied and converted into percentages.

Availability of Programs

Only 41, or 38%, of the rural teacher training institutions in this sample currently provide HIV education as part of their teacher preparation program. The average number of years these programs have been in existence is 2.2 (s.d. = +1 year).

Only 9% of these universities report that this instruction is mandated by their state's government. The majority (56%) report that their states do not mandate HIV/AIDS instruction, and another 34% did not respond to this item.

Thus, the majority of institutions in this sample do not provide any kind of HIV/AIDS education program to their teacher trainees. Nor, apparently, do most of their states mandate that such a program be provided for teacher trainees.

Program Goals

Respondents were asked to subjectively list the goals of their HIV education programs. A total of 21 categories of goals emerged, as well as eight distinct goals, each of which were listed by one university. In this section, program goals will be listed in order of frequency of mention. For the sake of clarity, frequency figures will be given as percentages of the 41 universities with existing HIV education programs.

The most frequently mentioned goals, listed by 22% of institutions with programs, is to increase students' knowledge of AIDS. The second most frequently listed goals are to provide AIDS prevention education, and to provide HIV education preparation for teacher trainees. Each of these was mentioned by 17% of institutions.

The following two goals were each mentioned by 15% of institutions: to teach responsible sexual behavior; and to improve decision-making skills. Some 12% of these institutions stated a desire to present factual information about AIDS and other sexually transmissible diseases (STDs).

Five goals were each listed by 10% of the responding institutions with programs. These are: to prepare teacher trainees to deal with AIDS or other health related topics; to develop awareness of AIDS; to give teacher trainees experience with children with AIDS; to explore community issues; and to discuss public health issues and attitudes.

Another five goals were each listed by 7% of schools. They are: to enable students to acquire current materials on AIDS; to provide teacher inservice workshops; to set up AIDS education centers; to develop the sensitivity of teacher trainees; and to discuss means of HIV transmission.

Four other goals were each listed by 5% of the institutions. These are: to discuss students' concerns regarding AIDS; to develop open dialogue with students; to define HIV; and to dispel myths and misconceptions about AIDS.

In addition, eight goals were listed by only one institution each. These are: to demonstrate how HIV works in the body; to have students research AIDS and discuss it in

class; to review methods and resources for AIDS and human sexuality education; to discuss treatments for AIDS; to define ARC; to discuss distributions of AIDS and HIV conditions; to discuss the rights of individuals who are HIV seropositive; and to entirely reorganize that school's program. Finally, 3% of all 109 universities in the sample want to develop and implement an AIDS education component for their curriculum.

Placement of Programs

A number of the 41 universities in this sample with HIV/AIDS education programs offer these at more than one classification level. As Figure 1 (page 7) indicates, the largest proportion of respondents with programs (59%) offer these at the junior level, 56% offer programs at the senior level, 51% at the sophomore level, and 49% at the freshman level. Only 22% of institutions with programs offer them at the graduate level.

Length of Programs

Only 14% of all rural teacher training institutions in this sample report HIV education program offerings lasting one week or longer, compared with 26% which offer programs of two or fewer hours duration. Only 3% say they have programs which run from one half to one full day. Figure 2 (page 8) shows the percent of programs offered at the different durations, based on 100% of all programs reported. As the figure shows, the majority of existing programs are relatively brief. Indeed, fully 60% of all programs reported run only one or two hours.

Topics Covered

Queried objectively as to which of five topics are included in HIV/AIDS instruction, the large majority of universities with HIV/AIDS education programs report inclusion of all five topics. Specifically, 93% of institutions with programs cover STDs, 90% include condoms, both safer sex and homosexuality are covered by 88%, and 83% include abstinence.

Other risk related topics were covered by a strong minority of all institutions in this sample. Almost half (45%) offer alcohol and substance abuse education to teacher trainees. Over one-third (38%) present adolescent suicide education programs, 34% have educational

programs on teen pregnancy, and 27% have programs on dropout prevention. Finally, 38% offer programs covering other at-risk phenomena.

Conclusion

A strong minority (38%) of rural teacher training institutions sampled do offer HIV education as part of their teacher preparation programs. The goals of these HIV education programs are varied and positive. In addition, the great majority of institutions with programs include discussion of STDs, safer sex, condoms, homosexuality, and abstinence. Many include units on other risk related topics as well.

On the other hand, most institutions (62%) sampled do not offer HIV education programs. Where programs do exist, the majority are very brief. To the degree to which this sample accurately reflects the status of HIV education in rural teacher training institutions in the U.S., it is clear that much progress needs to be made. Given the epidemiology of the HIV/AIDS epidemic, the authors urge that those institutions accept the challenge to progress expeditiously toward the goal of widespread implementation of adequate and effective HIV/AIDS education programs.

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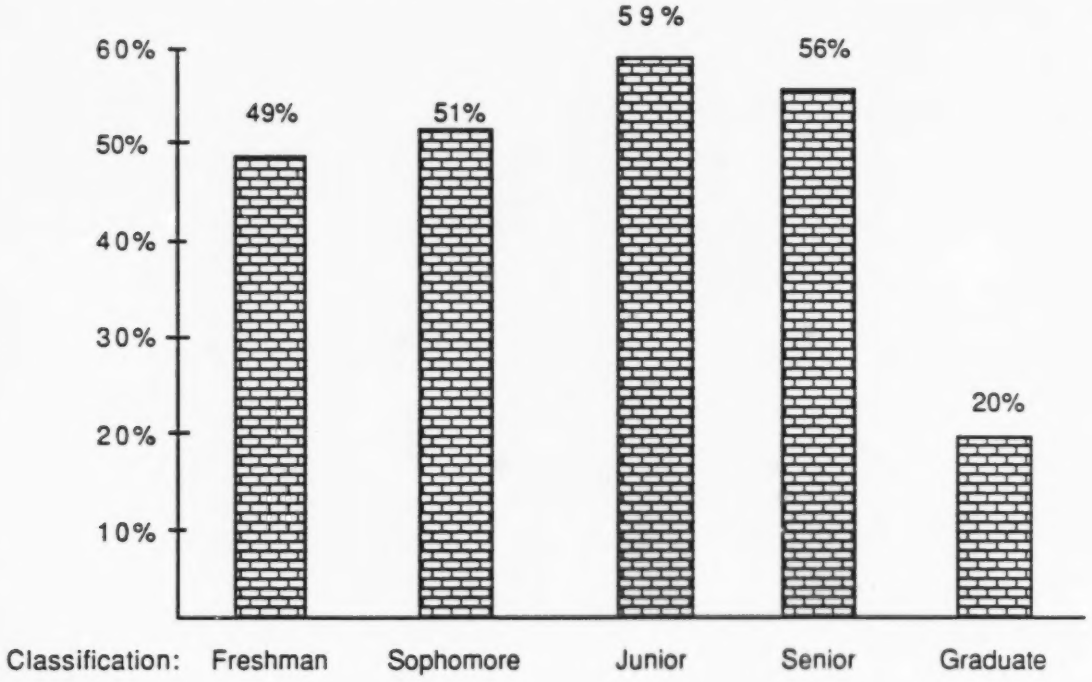
FIGURE 1:

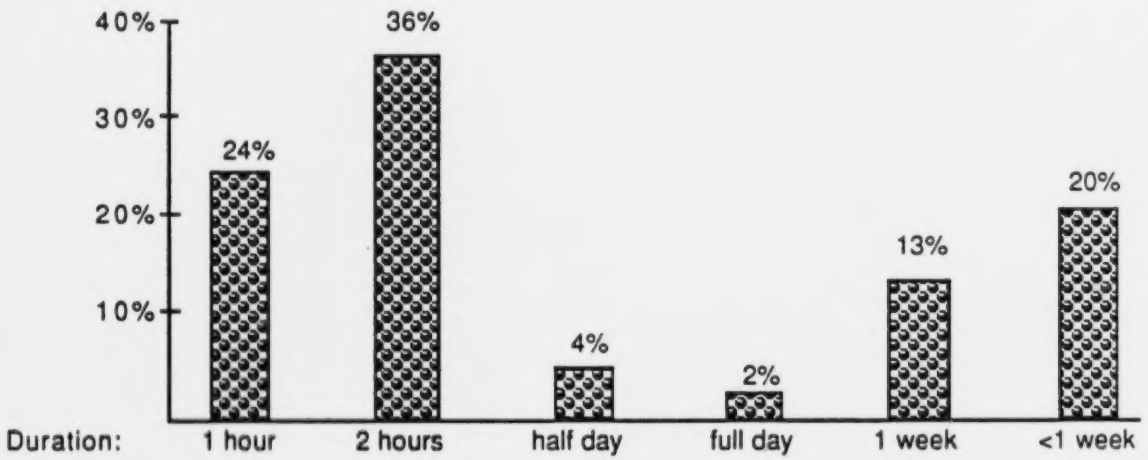
Percent* of Universities with HIV/AIDS Education Programs by Classification (Freshman-Graduate) Placement



* Based upon the 41 universities with existing HIV/AIDS education programs.

FIGURE 2:

Percent* of HIV/AIDS Education Programs by Program Duration



* Based upon 100% of all HIV/AIDS education programs listed.

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NATIONAL AIDS EDUCATION SURVEY

Name of College/University: _____

Name of individual completing this form: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

1. Do you teach AIDS education as part of your teacher preparation program? Yes ___ No ___

If yes, please answer the following:

Does your state mandate this program? Yes ___ No ___

At what classification levels is it given?

Freshman	____
Sophomore	____
Junior	____
Senior	____
Graduate	____

What is the length of the instruction?

1 hour	____
1/2 day	____
1 week	____
2 hours	____
full day	____
more than a week	____

Check which of the following topics are included in the instruction:

abstinence	____
condoms	____
homosexuality	____
safer sex	____
sexually transmitted diseases	____

2. Do you provide in your teacher preparation program educational programs regarding:

alcohol and substance abuse	____
drop out prevention	____
teenage pregnancy	____
adolescent suicide	____
other at-risk phenomena	____

Goals/Purposes of Program:

Number of years your program has included an AIDS education curriculum: _____

Please note that we would appreciate a copy of any instruments used to measure the results of your AIDS education curriculum.

Please return to:
National Rural and Small Schools Consortium (NRSSC)
Western Washington University
Miller Hall 359
Bellingham, WA 98225